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8  
9 **BEFORE THE**  
10 **BOARD OF REGISTERED NURSING**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

12 In the Matter of Petition to Revoke Probation  
Against:

Case No. 2002-164

13 **NANCY ELIZABETH VANCIEL**  
14 421 Michelle Drive  
San Pablo, CA 94806

**PETITION TO REVOKE  
PROBATION**

15 Registered Nurse License No. 495969

16 Respondent.  
17

18 Complainant alleges:  
19

20 **PARTIES**

21 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) brings this Petition to  
22 Revoke Probation solely in her official capacity as the Executive Officer of the Board of  
23 Registered Nursing, Department of Consumer Affairs.

24 2. On or about August 31, 1993, the Board of Registered Nursing (Board)  
25 issued Registered Nurse License No. 495969 to Nancy Elizabeth Vanciel (Respondent). The  
26 license was in full force and effect at all times relevant to the charges brought herein and will  
27 expire on May 31, 2009, unless renewed.

28 / / /



1 during the probationary period or shall have successfully completed  
2 prior to commencement of probation a Board-approved  
3 treatment/rehabilitation program of at least six months duration.  
4 As required, reports shall be submitted by the program on forms  
5 provided by the Board. If Respondent has not completed a  
6 Board-approved treatment/rehabilitation program prior to commencement  
7 of probation, Respondent, within 45 days from the effective date of the  
8 decision, shall be enrolled in a program. If a program is not successfully  
9 completed within the first nine months of probation, the Board shall  
10 consider Respondent in violation of probation. Based on Board  
11 recommendation, each week Respondent shall be required to attend  
12 at least one, but no more than five 12-step recovery meetings or  
13 equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.)  
14 and a nurse support group as approved and directed by the Board.  
15 If a nurse support group is not available, an additional 12-step meeting  
16 or equivalent shall be added. Respondent shall submit dated and  
17 signed documentation confirming such attendance to the Board  
18 during the entire period of probation. Respondent shall continue  
19 with the recovery plan recommended by the treatment/rehabilitation  
20 program or a licensed mental health examiner and/or other ongoing  
21 recovery groups.

22 7. Respondent's probation is subject to revocation because she failed to  
23 comply with Probation Condition No. 15, referenced above, in that she failed to submit  
24 verification of attendance for 12 step recovery meetings and nurse support group meetings.

### 25 **THIRD CAUSE TO REVOKE PROBATION**

#### 26 **(Failure to Abstain from Use of Psychotropic (Mood-altering) Drugs)**

27 8. At all times after the effective date of Respondent's probation, Condition  
28 #16 stated:

**Abstain from Use of Psychotropic (Mood-altering) Drugs.** Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so and are part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing physician or dentist, a report identifying the medication, dosage, the date the medication was prescribed, Respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of Respondent's history of substance abuse and will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis Respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

1 The Board may require the single coordinating physician, nurse practitioner, or  
2 physician assistant to be a specialist in addictive medicine, or to consult with a  
3 specialist in addictive medicine.

4 9. Respondent's probation is subject to revocation because she failed to  
5 comply with Probation Term #16, referenced above. On or about April 24, 2006, November 1,  
6 2006, February 2, 2007, and March 14, 1007, Respondent tested positive for alcohol.

#### 7 **FOURTH CAUSE TO REVOKE PROBATION**

##### 8 **(Failed to Submit to Tests and Samples)**

9 10. At all times after the effective date of Respondent's probation, Probation  
10 Condition No. 17 stated:

11 **Submit to Tests and Samples.** Respondent, at her expense, shall  
12 participate in a random, biological fluid testing or a drug screening  
13 program which the Board approves. The length of time and frequency  
14 will be subject to approval by the Board. Respondent is responsible  
15 for keeping the Board informed of Respondent's current telephone  
16 number at all times. Respondent shall also ensure that messages  
17 may be left at the telephone number when she is not available and  
18 ensure that reports are submitted directly by the testing agency to the  
19 Board, as directed. Any confirmed positive finding shall be reported  
20 immediately to the Board by the program and Respondent shall be  
21 considered in violation of probation. In addition, Respondent, at  
22 any time during the period of probation, shall fully cooperate with the  
23 Board or any of its representatives, and shall, when requested, submit to  
24 such tests and samples as the Board or its representatives may require for the  
25 detection of alcohol, narcotics, hypnotics, dangerous drugs, or  
26 other controlled substances. If Respondent has a positive drug screen  
27 for any substance not legally authorized and not reported to the  
28 coordinating physician, nurse practitioner, or physician assistant, and the  
Board files a petition to revoke probation or an accusation, the Board  
may suspend Respondent from practice pending the final decision on  
the petition to revoke probation or the accusation. This period of  
suspension will not apply to the reduction of this probationary time  
period. If Respondent fails to participate in a random, biological fluid  
testing or drug screening program within the specified time frame,  
Respondent shall immediately cease practice and shall not resume  
practice until notified by the Board. After taking into account  
documented evidence of mitigation, if the Board files a petition to revoke  
probation or an accusation, the Board may suspend Respondent from  
practice pending the final decision on the petition to revoke probation or  
the accusation. This period of suspension will not apply to the reduction  
of this probationary time period.

11. Respondent's probation is subject to revocation because she failed to  
comply with Probation Condition No. 17, referenced above, in that she failed to comply with the  
random biological fluid testing/drug screening program by failing to call in daily and test as

1 required for the approximate period of April 4, 2007 through April 2, 2008.

2 **FIFTH CAUSE TO REVOKE PROBATION**

3 **(Failed to Fully Comply With Probation Program)**

4 12. At all times after the effective date of Respondent's probation, Probation  
5 Condition No. 2 stated:

6 **Comply with the Board's Probation Program.** Respondent shall fully  
7 comply with the conditions of the Probation Program established by the  
8 Board and cooperate with representatives of the Board in its monitoring  
9 and investigation of the Respondent's compliance with the Board's Probation  
10 Program. Respondent shall inform the Board in writing within no more  
than 15 days of any address change and shall at all times maintain an active,  
current license status with the Board, including during any period of  
suspension. Upon successful completion of probation, Respondent's  
license shall be full restored.

11 13. Respondent's probation is subject to revocation because she failed to  
12 comply with Probation Condition #2, referenced above, in that he failed to comply with  
13 Conditions No. 5, No. 15, No. 16, and No. 17, as set forth above.

14 **PRAYER**

15 WHEREFORE, Complainant requests that a hearing be held on the matters herein  
16 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

17 1. Revoking the probation that was granted by the Board of Registered  
18 Nursing in Accusation No. 2002-164 and imposing the disciplinary order that was stayed thereby  
19 revoking Registered Nurse License No. 495969 issued to Nancy Elizabeth Vanciel.

20 2. Taking such other and further action as deemed necessary and proper.

21  
22 DATED: 5/16/08

23 Ruth Ann Terry  
24 RUTH ANN TERRY, M.P.H., R.N.  
25 Executive Officer  
26 Board of Registered Nursing  
27 Department of Consumer Affairs  
28 State of California  
Complainant

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**Exhibit A**  
**Decisions and Order**  
**Board of Registered Nursing Case No. 2002-164**

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke  
Probation Against:

NANCY ELIZABETH VANCIEL  
3400 Richmond Parkway #1410  
Richmond, CA 94806

Registered Nurse License No. 495969

Respondent

Case No. 2002-164

OAH No. N2005060170

**DECISION AND ORDER**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as it's Decision in the above entitled matter.

This Decision shall become effective on April 24, 2006.

IT IS SO ORDERED March 25, 2006.



President  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California

1 BILL LOCKYER, Attorney General  
2 of the State of California  
3 REBECCA M. HEINSTEIN, State Bar No. 173202  
4 Deputy Attorney General  
5 California Department of Justice  
6 455 Golden Gate Avenue, Suite 11000  
7 San Francisco, CA 94102-7004  
8 Telephone: (415) 703-5604  
9 Facsimile: (415) 703-5480  
10 Attorneys for Complainant

11  
12 **BEFORE THE**  
13 **BOARD OF REGISTERED NURSING**  
14 **DEPARTMENT OF CONSUMER AFFAIRS**  
15 **STATE OF CALIFORNIA**

16 In the Matter of the Petition to Revoke Probation  
17 Against:

18 **NANCY ELIZABETH VANCIEL**  
19 3400 Richmond Parkway, Apt. 1410  
20 Richmond, California 94806

21 Registered Nurse License No. 495969

22 Respondent.

Case No. 2002-164

OAH No. N2005060170

23 **STIPULATED SETTLEMENT AND**  
24 **DISCIPLINARY ORDER**

25 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
26 above-entitled proceedings that the following matters are true:

27 **PARTIES**

28 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) is the Executive Officer of  
the Board of Registered Nursing. She brought this action solely in her official capacity and is  
represented in this matter by Bill Lockyer, Attorney General of the State of California, by  
Rebecca M. Heinstein, Deputy Attorney General.

2. Nancy E. Vanciel (Respondent) is representing herself in this proceeding  
and has chosen not to exercise her right to be represented by counsel.

3. On or about August 31, 1993, the Board of Registered Nursing issued  
Registered Nurse License Number 495969 to Nancy Elizabeth Vanciel (Respondent). The  
license was in full force and effect at all times relevant to the charges brought herein and will



1 expire on May 31, 2007, unless renewed.

2 **JURISDICTION**

3 4. Petition to Revoke Probation No. 2002-164 was filed before the Board of  
4 Registered Nursing (Board), Department of Consumer Affairs, and is currently pending against  
5 Respondent. The Petition to Revoke Probation and all other statutorily required documents were  
6 properly served on Respondent on May 25, 2005. Respondent timely filed her Notice of Defense  
7 contesting the Petition to Revoke Probation. A copy of Petition to Revoke Probation No. 2002-  
8 164 is attached as Exhibit A and incorporated herein by reference.

9 **ADVISEMENT AND WAIVERS**

10 5. Respondent has carefully read, and understands the charges and allegations  
11 in Petition to Revoke Probation No. 2002-164. Respondent has also carefully read, and  
12 understands the effects of this Stipulated Settlement and Disciplinary Order.

13 6. Respondent is fully aware of her legal rights in this matter, including the  
14 right to a hearing on the charges and allegations in the Petition to Revoke Probation; the right to  
15 be represented by counsel at her own expense; the right to confront and cross-examine the  
16 witnesses against her; the right to present evidence and to testify on her own behalf; the right to  
17 the issuance of subpoenas to compel the attendance of witnesses and the production of  
18 documents; the right to reconsideration and court review of an adverse decision; and all other  
19 rights accorded by the California Administrative Procedure Act and other applicable laws.

20 7. Respondent voluntarily, knowingly, and intelligently waives and gives up  
21 each and every right set forth above.

22 **CULPABILITY**

23 8. Respondent admits the truth of each and every charge and allegation in  
24 Petition to Revoke Probation No. 2002-164.

25 9. Respondent agrees that her Registered Nurse License is subject to  
26 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the  
27 Disciplinary Order below.

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**CONTINGENCY**

10. This stipulation shall be subject to approval by the Board of Registered Nursing. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Registered Nursing may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

11. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

12. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Registered Nurse License No. 495969 issued to Respondent Nancy Elizabeth Vanciel is revoked. However, the revocation is stayed and Respondent's prior five (5) year probationary term, set to expire on February 10, 2009, is extended five (5) years from the effective date of this Decision and Order, on the following terms and conditions.

**Severability Clause.** Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

1                   1.       **Obey All Laws.** Respondent shall obey all federal, state and local laws.  
2 A full and detailed account of any and all violations of law shall be reported by Respondent to  
3 the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of  
4 compliance with this condition, Respondent shall submit completed fingerprint forms and  
5 fingerprint fees within 45 days of the effective date of the decision, unless previously submitted  
6 as part of the licensure application process.

7                   **Criminal Court Orders:** If Respondent is under criminal court orders, including  
8 probation or parole, and the order is violated, this shall be deemed a violation of these probation  
9 conditions, and may result in the filing of an accusation and/or petition to revoke probation.

10                  2.       **Comply with the Board's Probation Program.** Respondent shall fully  
11 comply with the conditions of the Probation Program established by the Board and cooperate  
12 with representatives of the Board in its monitoring and investigation of the Respondent's  
13 compliance with the Board's Probation Program. Respondent shall inform the Board in writing  
14 within no more than 15 days of any address change and shall at all times maintain an active,  
15 current license status with the Board, including during any period of suspension.

16                  Upon successful completion of probation, Respondent's license shall be fully  
17 restored.

18                  3.       **Report in Person.** Respondent, during the period of probation, shall  
19 appear in person at interviews/meetings as directed by the Board or its designated  
20 representatives.

21                  4.       **Residency, Practice, or Licensure Outside of State.** Periods of  
22 residency or practice as a registered nurse outside of California shall not apply toward a reduction  
23 of this probation time period. Respondent's probation is tolled, if and when she resides outside  
24 of California. Respondent must provide written notice to the Board within 15 days of any change  
25 of residency or practice outside the state, and within 30 days prior to re-establishing residency or  
26 returning to practice in this state.

27                  Respondent shall provide a list of all states and territories where she has ever been  
28 licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further

1 provide information regarding the status of each license and any changes in such license status  
2 during the term of probation. Respondent shall inform the Board if she applies for or obtains a  
3 new nursing license during the term of probation.

4           **5. Submit Written Reports.** Respondent, during the period of probation,  
5 shall submit or cause to be submitted such written reports/declarations and verification of actions  
6 under penalty of perjury, as required by the Board. These reports/declarations shall contain  
7 statements relative to Respondent's compliance with all the conditions of the Board's Probation  
8 Program. Respondent shall immediately execute all release of information forms as may be  
9 required by the Board or its representatives.

10           Respondent shall provide a copy of this Decision to the nursing regulatory agency  
11 in every state and territory in which she has a registered nurse license.

12           **6. Function as a Registered Nurse.** Respondent, during the period of  
13 probation, shall engage in the practice of registered nursing in California for a minimum of 24  
14 hours per week for 6 consecutive months or as determined by the Board.

15           For purposes of compliance with the section, "engage in the practice of registered  
16 nursing" may include, when approved by the Board, volunteer work as a registered nurse, or  
17 work in any non-direct patient care position that requires licensure as a registered nurse.

18           The Board may require that advanced practice nurses engage in advanced practice  
19 nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the  
20 Board.

21           If Respondent has not complied with this condition during the probationary term,  
22 and Respondent has presented sufficient documentation of her good faith efforts to comply with  
23 this condition, and if no other conditions have been violated, the Board, in its discretion, may  
24 grant an extension of Respondent's probation period up to one year without further hearing in  
25 order to comply with this condition. During the one year extension, all original conditions of  
26 probation shall apply.

27           **7. Employment Approval and Reporting Requirements.** Respondent  
28 shall obtain prior approval from the Board before commencing or continuing any employment,

1 paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all  
2 performance evaluations and other employment related reports as a registered nurse upon request  
3 of the Board.

4 Respondent shall provide a copy of this Decision to her employer and immediate  
5 supervisors prior to commencement of any nursing or other health care related employment.

6 In addition to the above, Respondent shall notify the Board in writing within  
7 seventy-two (72) hours after she obtains any nursing or other health care related employment.

8 Respondent shall notify the Board in writing within seventy-two (72) hours after she is  
9 terminated or separated, regardless of cause, from any nursing, or other health care related  
10 employment with a full explanation of the circumstances surrounding the termination or  
11 separation.

12 **8. Supervision.** Respondent shall obtain prior approval from the Board  
13 regarding Respondent's level of supervision and/or collaboration before commencing or  
14 continuing any employment as a registered nurse, or education and training that includes patient  
15 care.

16 Respondent shall practice only under the direct supervision of a registered nurse  
17 in good standing (no current discipline) with the Board of Registered Nursing, unless alternative  
18 methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician)  
19 are approved.

20 Respondent's level of supervision and/or collaboration may include, but is not  
21 limited to the following:

22 (a) Maximum - The individual providing supervision and/or collaboration is  
23 present in the patient care area or in any other work setting at all times.

24 (b) Moderate - The individual providing supervision and/or collaboration is in  
25 the patient care unit or in any other work setting at least half the hours Respondent works.

26 (c) Minimum - The individual providing supervision and/or collaboration has  
27 person-to-person communication with Respondent at least twice during each shift worked.

28 (d) Home Health Care - If Respondent is approved to work in the home health

care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with Respondent as required by the Board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by Respondent with or without Respondent present.

9. **Employment Limitations.** During the period of probation, Respondent may only perform the duties at the State of California, Department of Health Services ("DHS") as described in the "Alternate Assignment Proposal" attached hereto as Exhibit B and incorporated herein by reference. If the position at DHS as described in the "Alternate Assignment Proposal" becomes unavailable to Respondent during the period of probation, Respondent must obtain prior approval from the Board before commencing any new duties or employment at DHS or elsewhere.

Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict Respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If Respondent is working or intends to work in excess of 40 hours per week, the

1 Board may request documentation to determine whether there should be restrictions on the hours  
2 of work.

3           **10. Complete a Nursing Course(s).** Respondent, at her own expense, shall  
4 enroll and successfully complete a course(s) relevant to the practice of registered nursing no later  
5 than six months prior to the end of her probationary term.

6           Respondent shall obtain prior approval from the Board before enrolling in the  
7 course(s). Respondent shall submit to the Board the original transcripts or certificates of  
8 completion for the above required course(s). The Board shall return the original documents to  
9 Respondent after photocopying them for its records.

10           **11. Cost Recovery.** Respondent shall pay the amount of \$8,638.00, which is  
11 the balance of the cost recovery awarded in the prior Decision and Order No. 2002-164, effective  
12 February 10, 2004. Respondent shall be permitted to pay these costs in a payment plan approved  
13 by the Board, with payments to be completed no later than three months prior to the end of the  
14 probation term.

15           If Respondent has not complied with this condition during the probationary term,  
16 and Respondent has presented sufficient documentation of her good faith efforts to comply with  
17 this condition, and if no other conditions have been violated, the Board, in its discretion, may  
18 grant an extension of Respondent's probation period up to one year without further hearing in  
19 order to comply with this condition. During the one year extension, all original conditions of  
20 probation will apply.

21           **12. Violation of Probation.** If Respondent violates the conditions of her  
22 probation, the Board after giving Respondent notice and an opportunity to be heard, may set  
23 aside the stay order and impose the stayed discipline (revocation/suspension) of Respondent's  
24 license.

25           If during the period of probation, an accusation or petition to revoke probation has  
26 been filed against Respondent's license or the Attorney General's Office has been requested to  
27 prepare an accusation or petition to revoke probation against Respondent's license, the  
28 probationary period shall automatically be extended and shall not expire until the accusation or

petition has been acted upon by the Board.

**13. License Surrender.** During Respondent's term of probation, if she ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, Respondent may surrender her license to the Board. The Board reserves the right to evaluate Respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, Respondent will no longer be subject to the conditions of probation.

Surrender of Respondent's license shall be considered a disciplinary action and shall become a part of Respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

(1) Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or

(2) One year for a license surrendered for a mental or physical illness.

**14. Physical Examination.** During the period of probation, the Board reserves the right, if necessary, to order Respondent to undergo a physical examination.

Respondent, at her expense, shall have a licensed physician, nurse practitioner, or physician assistant, who is approved by the Board before the assessment is performed, submit an assessment of the Respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If medically determined, a recommended treatment program will be instituted and followed by the Respondent with the physician, nurse practitioner, or physician assistant providing written reports to the Board on forms provided by the Board.

If Respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the Board and Respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent



shall immediately cease practice and shall not resume practice until notified by the Board. During this period of suspension, Respondent shall not engage in any practice for which a license issued by the Board is required until the Board has notified Respondent that a medical determination permits Respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If Respondent fails to have the above assessment submitted to the Board within the time directed by Board staff, Respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

**15. Participate in Treatment/Rehabilitation Program for Chemical Dependence.** Respondent, at her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the Board. If Respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider Respondent in violation of probation.

Based on Board recommendation, each week Respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed

1 mental health examiner and/or other ongoing recovery groups.

2           **16. Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent  
3 shall completely abstain from the possession, injection or consumption by any route of all  
4 psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a  
5 health care professional legally authorized to do so as part of documented medical treatment.  
6 Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the  
7 prescribing health professional, a report identifying the medication, dosage, the date the  
8 medication was prescribed, the Respondent's prognosis, the date the medication will no longer  
9 be required, and the effect on the recovery plan, if appropriate.

10           Respondent shall identify for the Board a single physician, nurse practitioner or  
11 physician assistant who shall be aware of Respondent's history of substance abuse and will  
12 coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled  
13 substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician  
14 assistant shall report to the Board on a quarterly basis Respondent's compliance with this  
15 condition. If any substances considered addictive have been prescribed, the report shall identify a  
16 program for the time limited use of any such substances.

17           The Board may require the single coordinating physician, nurse practitioner, or  
18 physician assistant to be a specialist in addictive medicine, or to consult with a specialist in  
19 addictive medicine.

20           **17. Submit to Tests and Samples.** Respondent, at her expense, shall  
21 participate in a random, biological fluid testing or a drug screening program which the Board  
22 approves. The length of time and frequency will be subject to approval by the Board.  
23 Respondent is responsible for keeping the Board informed of Respondent's current telephone  
24 number at all times. Respondent shall also ensure that messages may be left at the telephone  
25 number when she is not available and ensure that reports are submitted directly by the testing  
26 agency to the Board, as directed. Any confirmed positive finding shall be reported immediately  
27 to the Board by the program and Respondent shall be considered in violation of probation.

28 ///

1 In addition, Respondent, at any time during the period of probation, shall fully  
2 cooperate with the Board or any of its representatives, and shall, when requested, submit to such  
3 tests and samples as the Board or its representatives may require for the detection of alcohol,  
4 narcotics, hypnotics, dangerous drugs, or other controlled substances.

5 If Respondent has a positive drug screen for any substance not legally authorized  
6 and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the  
7 Board files a petition to revoke probation or an accusation, the Board may suspend Respondent  
8 from practice pending the final decision on the petition to revoke probation or the accusation.  
9 This period of suspension will not apply to the reduction of this probationary time period.

10 If Respondent fails to participate in a random, biological fluid testing or drug  
11 screening program within the specified time frame, Respondent shall immediately cease practice  
12 and shall not resume practice until notified by the Board. After taking into account documented  
13 evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the  
14 Board may suspend Respondent from practice pending the final decision on the petition to  
15 revoke probation or the accusation. This period of suspension will not apply to the reduction of  
16 this probationary time period.

17 18. **Mental Health Examination.** During the period of probation, the Board  
18 reserves the right, if necessary, to order Respondent to undergo a mental health examination  
19 including psychological testing as appropriate to determine her capability to perform the duties of  
20 a registered nurse. The examination will be performed by a psychiatrist, psychologist or other  
21 licensed mental health practitioner approved by the Board. The examining mental health  
22 practitioner will submit a written report of that assessment and recommendations to the Board.  
23 All costs are the responsibility of Respondent. Recommendations for treatment, therapy or  
24 counseling made as a result of the mental health examination will be instituted and followed by  
25 Respondent.

26 If Respondent is determined to be unable to practice safely as a registered nurse,  
27 the licensed mental health care practitioner making this determination shall immediately notify  
28 the Board and Respondent by telephone, and the Board shall request that the Attorney General's

office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the Board. During this period of suspension, Respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified Respondent that a mental health determination permits Respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.


If Respondent fails to have the above assessment submitted to the Board within the time directed by Board staff, Respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

19. **Therapy or Counseling Program.** Respondent, at her expense, shall participate in an on-going counseling program until such time as the Board releases her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

## ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my Registered Nurse License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Registered Nursing.

DATED: 8/2/05

  
NANCY ELIZABETH. VANCIEL,  
Respondent

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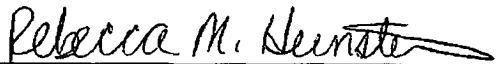
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**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Registered Nursing of the Department of Consumer Affairs.

DATED: 8/8/05.

BILL LOCKYER, Attorney General  
of the State of California

  
REBECCA M. HEINSTEIN  
Deputy Attorney General  
  
Attorneys for Complainant

**Exhibit A**

**Petition to Revoke Probation No. 2002-164**

BILL LOCKYER, Attorney General  
of the State of California  
REBECCA M. HEINSTEIN, State Bar No. 173202  
Deputy Attorney General  
California Department of Justice  
455 Golden Gate Avenue, Suite 11000  
San Francisco, CA 94102-7004  
Telephone: (415) 703-5604  
Facsimile: (415) 703-5480

Attorneys for Complainant

**BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Petition to Revoke Probation  
Against:

Case No. 2002-164

**NANCY ELIZABETH VANCIEL**  
3400 Richmond Parkway, Apt. 1410  
Richmond, California 94806

**PETITION TO REVOKE  
PROBATION**

Registered Nurse License No. 495969

Respondent.

Complainant alleges:

**PARTIES**

1. Ruth Ann Terry, M.P.H., R.N. (Complainant) brings this Petition to Revoke Probation solely in her official capacity as the Executive Officer of the Board of Registered Nursing, Department of Consumer Affairs.

2. On or about August 31, 1993, the Board of Registered Nursing issued Registered Nurse License Number 495969 to Nancy E. Vanciel, also known as Nancy Elizabeth Vanciel (Respondent). The license was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2007, unless renewed.

3. In a disciplinary action entitled "In the Matter of the Accusation Against Nancy E. Vanciel, a.k.a. Nancy Elizabeth Vanciel," Case No. 2002-164, the Board of Registered Nursing issued a decision, effective February 10, 2004, in which Respondent's license was

1 revoked. However, the revocation was stayed and Respondent was placed on probation for a  
2 period of five (5) years, with certain terms and conditions. A copy of the decision is attached as  
3 Exhibit A and is incorporated by reference.

#### 4 **FIRST CAUSE TO REVOKE PROBATION**

##### 5 **(Failure to Abstain from all Psychotropic Drugs, Including Alcohol)**

6 4. At all times after the effective date of Respondent's probation, Condition  
7 #16 stated:

8 **Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent  
9 shall completely abstain from the possession, injection or consumption by  
10 any route of all psychotropic (mood altering) drugs, including alcohol, except  
11 when the same are ordered by a health care professional legally authorized to  
12 do so and are part of documented medical treatment. Respondent shall have  
13 sent to the Board, in writing and within fourteen (14) days, by the prescribing  
14 health professional, a report identifying the medication, dosage, the date the  
15 medication was prescribed, the Respondent's prognosis, the date the  
16 medication will no longer be required, and the effect on the recovery plan, if  
17 appropriate.

18 Respondent shall identify for the Board a single physician, nurse practitioner or  
19 physician assistant who shall be aware of Respondent's history of substance abuse  
20 and will coordinate and monitor any prescriptions for Respondent for dangerous  
21 drugs, controlled substances or mood-altering drugs. The coordinating physician,  
22 nurse practitioner, or physician assistant shall report to the Board on a quarterly  
23 basis Respondent's compliance with this condition. If any substances considered  
24 addictive have been prescribed, the report shall identify a program for the time  
25 limited use of any such substances.

26 The Board may require the single coordinating physician, nurse  
27 practitioner, or physician assistant to be a specialist in addictive medicine, or to  
28 consent with a specialist in addictive medicine.

5. Respondent's probation is subject to revocation because she failed to  
comply with Probation Term #16, referenced above. The facts and circumstances regarding this  
violation are that Respondent tested positive for Ethanol on July 7, 2004, and July 29, 2004.

#### 23 **SECOND CAUSE TO REVOKE PROBATION**

##### 24 **(Failure to Submit to Tests and Samples)**

25 6. At all times after the effective date of Respondent's probation, Condition  
26 #17 stated:

27 **Submit to Tests and Samples.** Respondent, at her own expense, shall participate  
28 in a random, biological fluid testing or a drug screening program which the Board  
approves. The length of time and frequency will be subject to approval by the  
Board. Respondent is responsible for keeping the Board informed of



Respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and Respondent shall be considered in violation of probation.

In addition, Respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If Respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board files a petition to revoke probation or an accusation, the Board may suspend Respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

If Respondent fails to participate in a random, biological fluid testing or drug screening program within the specified time frame, Respondent shall immediately cease practice and shall not resume practice until notified by the Board. After taking into account documented evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the Board may suspend Respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

7. Respondent's probation is subject to revocation because she failed to comply with Probation Term #17, referenced above. The facts and circumstances regarding this violation are that on or about December 28, 2004, Respondent submitted a specimen that was rejected by the testing lab due to "possible oxidant activity," which means the specimen she submitted may have been adulterated or altered.

### **THIRD CAUSE TO REVOKE PROBATION**

#### **(Failure to Comply with the Probation Program)**

8. At all times after the effective date of Respondent's probation, Condition #2 stated:

**Comply with the Board's Probation Program.** Respondent shall fully comply with the terms and conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the Respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

Upon successful completion of probation, Respondent's license shall be fully restored.

///


9. Respondent's probation is subject to revocation because she failed to comply with Probation Condition #2, referenced above. The facts and circumstances regarding this violation are that Respondent failed to comply with the conditions of her probation by failing to comply with Conditions #16 and #17, as set forth above.

**PRAYER**

**WHEREFORE**, Complainant prays that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking the probation that was granted by the Board of Registered Nursing in Case No. 2002-164 and imposing the disciplinary order that was stayed thereby revoking Registered Nurse License Number 495969, issued to Nancy E. Vanciel, also known as Nancy Elizabeth Vanciel;
2. Revoking or suspending Registered Nurse License Number 495969 issued to Nancy E. Vanciel, also known as Nancy Elizabeth Vanciel;
3. Taking such other and further action as deemed necessary and proper.

DATED: 5/4/05

  
RUTH ANN TERRY, M.P.H., R.N.  
Executive Officer  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California

Complainant

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**Exhibit A**

**Decision and Order**

**Board of Registered Nursing Case No. 2002-164**

BEFORE THE  
BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

NANCY E. VANCIEL  
a.k.a. NANCY ELIZABETH VANCIEL  
431 22<sup>nd</sup> Street  
Richmond, CA 94801

Registered Nurse License No. 495969

Respondent

Case No. 2002-164

OAH No. N2002070782

**DECISION AND ORDER**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as it's Decision in the above entitled matter.

This Decision shall become effective on February 10, 2004

IT IS SO ORDERED January 9, 2004

*Sandra L. Erickson, CRNA*  
FOR THE BOARD OF REGISTERED NURSING  
DEPARTMENT OF CONSUMER AFFAIRS

1 BILL LOCKYER, Attorney General  
2 of the State of California  
3 REBECCA M. HEINSTEIN, State Bar No. 173202  
4 Deputy Attorney General  
5 California Department of Justice  
6 455 Golden Gate Avenue, Suite 11000  
7 San Francisco, CA 94102-7004  
8 Telephone: (415) 703-5604  
9 Facsimile: (415) 703-5480

10 Attorneys for Complainant

11 **BEFORE THE**  
12 **BOARD OF REGISTERED NURSING**  
13 **DEPARTMENT OF CONSUMER AFFAIRS**  
14 **STATE OF CALIFORNIA**

15 In the Matter of the Accusation Against:

16 NANCY E. VANCIEL,  
17 a.k.a. NANCY ELIZABETH VANCIEL  
18 3400 Richmond Parkway, Apt. 1410  
19 Richmond, CA 94806

20 Registered Nurse License No. 495969

21 Respondent.

Case No. 2002-164

OAH No. N2002070782

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

22 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
23 above-entitled proceedings that the following matters are true:

24 PARTIES

25 1. Ruth Ann Terry, M.P.H., R.N. (Complainant) is the Executive Officer of  
26 the Board of Registered Nursing. She brought this action solely in her official capacity and is  
27 represented in this matter by Bill Lockyer, Attorney General of the State of California, by  
28 Rebecca M. Heinstein, Deputy Attorney General.

29 2. Nancy E. Vanciel, a.k.a Nancy Elizabeth Vanciel (Respondent) is  
30 representing herself in this proceeding and has chosen not to exercise her right to be represented  
31 by counsel.

32 3. On or about August 31, 1993, the Board of Registered Nursing issued  
33 Registered Nurse License No. 495969 to Nancy E. Vanciel, a.k.a Nancy Elizabeth Vanciel

1 (Respondent). The license was in full force and effect at all times relevant to the charges brought  
2 in Accusation No. 2002-164 and will expire on May 31, 2005, unless renewed.

### 3 JURISDICTION

4 4. Accusation No. 2002-164 was filed before the Board of Registered  
5 Nursing (Board), Department of Consumer Affairs, and is currently pending against Respondent.  
6 The Accusation and all other statutorily required documents were properly served on Respondent  
7 on June 17, 2002. Respondent timely filed her Notice of Defense contesting the Accusation. A  
8 copy of Accusation No. 2002-164 is attached as Exhibit A and incorporated herein by reference.

### 9 ADVISEMENT AND WAIVERS

10 5. Respondent has carefully read, and understands the charges and allegations  
11 in Accusation No. 2002-164. Respondent has also carefully read, and understands the effects of  
12 this Stipulated Settlement and Disciplinary Order.

13 6. Respondent is fully aware of her legal rights in this matter, including the  
14 right to a hearing on the charges and allegations in the Accusation; the right to be represented by  
15 counsel at her own expense; the right to confront and cross-examine the witnesses against her;  
16 the right to present evidence and to testify on her own behalf; the right to the issuance of  
17 subpoenas to compel the attendance of witnesses and the production of documents; the right to  
18 reconsideration and court review of an adverse decision; and all other rights accorded by the  
19 California Administrative Procedure Act and other applicable laws.

20 7. Respondent voluntarily, knowingly, and intelligently waives and gives up  
21 each and every right set forth above.

### 22 CULPABILITY

23 8. Respondent admits the charges and allegations set forth in the Second  
24 through Tenth Causes for Discipline in Accusation No. 2002-164.

25 9. Respondent admits the charges and allegations set forth in the First Cause  
26 for Discipline in Accusation No. 2002-164, with the exception of paragraph (c).

27 10. Respondent admits that on or about March 21, 2002, Jonathan E. French,  
28 Ph.D., found that Respondent's nursing practice should be restricted to exclude critical patient

1 care and access to psychoactive medications.

2 11. Respondent agrees that her Registered Nurse License is subject to  
3 discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the  
4 Disciplinary Order below.

5 CONTINGENCY

6 12. This stipulation shall be subject to approval by the Board of Registered  
7 Nursing. Respondent understands and agrees that counsel for Complainant and the staff of the  
8 Board of Registered Nursing may communicate directly with the Board regarding this stipulation  
9 and settlement, without notice to or participation by Respondent. By signing the stipulation,  
10 Respondent understands and agrees that she may not withdraw her agreement or seek to rescind  
11 the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt  
12 this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall  
13 be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action  
14 between the parties, and the Board shall not be disqualified from further action by having  
15 considered this matter.

16 13. The parties understand and agree that facsimile copies of this Stipulated  
17 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same  
18 force and effect as the originals.

19 14. In consideration of the foregoing admissions and stipulations, the parties  
20 agree that the Board may, without further notice or formal proceeding, issue and enter the  
21 following Disciplinary Order:

22 DISCIPLINARY ORDER

23 IT IS HEREBY ORDERED that Registered Nurse License No. 495969 issued to  
24 Respondent Nancy E. Vanciel, a.k.a Nancy Elizabeth Vanciel is revoked. However, the  
25 revocation is stayed and Respondent is placed on probation for five (5) years on the following  
26 terms and conditions.

27 Severability Clause. Each condition of probation contained herein is a separate  
28 and distinct condition. If any condition of this Order, or any application thereof, is declared

1 unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other  
2 applications thereof, shall not be affected. Each condition of this Order shall separately be valid  
3 and enforceable to the fullest extent permitted by law.

4           1.     **Obey All Laws.** Respondent shall obey all federal, state and local laws.  
5 A full and detailed account of any and all violations of law shall be reported by Respondent to  
6 the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of  
7 compliance with this condition, Respondent shall submit completed fingerprint forms and  
8 fingerprint fees within 45 days of the effective date of the decision, unless previously submitted  
9 as part of the licensure application process.

10                   **Criminal Court Orders:** If Respondent is under criminal court orders, including  
11 probation or parole, and the order is violated, this shall be deemed a violation of these probation  
12 conditions, and may result in the filing of an accusation and/or petition to revoke probation.

13           2.     **Comply with the Board's Probation Program.** Respondent shall fully  
14 comply with the conditions of the Probation Program established by the Board and cooperate  
15 with representatives of the Board in its monitoring and investigation of the Respondent's  
16 compliance with the Board's Probation Program. Respondent shall inform the Board in writing  
17 within no more than 15 days of any address change and shall at all times maintain an active,  
18 current license status with the Board, including during any period of suspension.

19                   Upon successful completion of probation, Respondent's license shall be fully  
20 restored.

21           3.     **Report in Person.** Respondent, during the period of probation, shall  
22 appear in person at interviews/meetings as directed by the Board or its designated  
23 representatives.

24           4.     **Residency, Practice, or Licensure Outside of State.** Periods of  
25 residency or practice as a registered nurse outside of California shall not apply toward a reduction  
26 of this probation time period. Respondent's probation is tolled, if and when she resides outside  
27 of California. Respondent must provide written notice to the Board within 15 days of any change  
28 of residency or practice outside the state, and within 30 days prior to re-establishing residency or



1 returning to practice in this state.

2 Respondent shall provide a list of all states and territories where she has ever been  
3 licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further  
4 provide information regarding the status of each license and any changes in such license status  
5 during the term of probation. Respondent shall inform the Board if she applies for or obtains a  
6 new nursing license during the term of probation.

7 **5. Submit Written Reports.** Respondent, during the period of probation,  
8 shall submit or cause to be submitted such written reports/declarations and verification of actions  
9 under penalty of perjury, as required by the Board. These reports/declarations shall contain  
10 statements relative to Respondent's compliance with all the conditions of the Board's Probation  
11 Program. Respondent shall immediately execute all release of information forms as may be  
12 required by the Board or its representatives.

13 Respondent shall provide a copy of this Decision to the nursing regulatory agency  
14 in every state and territory in which she has a registered nurse license.

15 **6. Function as a Registered Nurse.** Respondent, during the period of  
16 probation, shall engage in the practice of registered nursing in California for a minimum of 24  
17 hours per week for 6 consecutive months or as determined by the Board.

18 For purposes of compliance with the section, "engage in the practice of registered  
19 nursing" may include, when approved by the Board, volunteer work as a registered nurse, or  
20 work in any non-direct patient care position that requires licensure as a registered nurse.

21 The Board may require that advanced practice nurses engage in advanced practice  
22 nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the  
23 Board.

24 If Respondent has not complied with this condition during the probationary term,  
25 and Respondent has presented sufficient documentation of her good faith efforts to comply with  
26 this condition, and if no other conditions have been violated, the Board, in its discretion, may  
27 grant an extension of Respondent's probation period up to one year without further hearing in  
28 order to comply with this condition. During the one year extension, all original conditions of

1 probation shall apply.

2           **7. Employment Approval and Reporting Requirements.** Respondent  
3 shall obtain prior approval from the Board before commencing or continuing any employment,  
4 paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all  
5 performance evaluations and other employment related reports as a registered nurse upon request  
6 of the Board.

7           Respondent shall provide a copy of this Decision to her employer and immediate  
8 supervisors prior to commencement of any nursing or other health care related employment.

9           In addition to the above, Respondent shall notify the Board in writing within  
10 seventy-two (72) hours after she obtains any nursing or other health care related employment.  
11 Respondent shall notify the Board in writing within seventy-two (72) hours after she is  
12 terminated or separated, regardless of cause, from any nursing, or other health care related  
13 employment with a full explanation of the circumstances surrounding the termination or  
14 separation.

15           **8. Supervision.** Respondent shall obtain prior approval from the Board  
16 regarding Respondent's level of supervision and/or collaboration before commencing or  
17 continuing any employment as a registered nurse, or education and training that includes patient  
18 care.

19           Respondent shall practice only under the direct supervision of a registered nurse  
20 in good standing (*no current discipline*) with the Board of Registered Nursing, unless alternative  
21 methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician)  
22 are approved.

23           Respondent's level of supervision and/or collaboration may include, but is not  
24 limited to the following:

25           (a) Maximum - The individual providing supervision and/or collaboration is  
26 present in the patient care area or in any other work setting at all times.

27           (b) Moderate - The individual providing supervision and/or collaboration is in  
28 the patient care unit or in any other work setting at least half the hours Respondent works.

1 (c) Minimum - The individual providing supervision and/or collaboration has  
2 person-to-person communication with Respondent at least twice during each shift worked.

3 (d) Home Health Care - If Respondent is approved to work in the home health  
4 care setting, the individual providing supervision and/or collaboration shall have person-to-  
5 person communication with Respondent as required by the Board each work day. Respondent  
6 shall maintain telephone or other telecommunication contact with the individual providing  
7 supervision and/or collaboration as required by the Board during each work day. The individual  
8 providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-  
9 site visits to patients' homes visited by Respondent with or without Respondent present.

10 9. **Employment Limitations.** During the period of probation, Respondent  
11 may only perform the duties at the State of California, Department of Health Services ("DHS") as  
12 described in the "Alternate Assignment Proposal" attached hereto as Exhibit B and incorporated  
13 herein by reference. If the position at DHS as described in the "Alternate Assignment Proposal"  
14 becomes unavailable to Respondent during the period of probation, Respondent must obtain prior  
15 approval from the Board before commencing any new duties or employment at DHS or  
16 elsewhere.

17 Respondent shall not work for a nurse's registry, in any private duty position as a  
18 registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house  
19 nursing pool.

20 Respondent shall not work for a licensed home health agency as a visiting nurse  
21 unless the registered nursing supervision and other protections for home visits have been  
22 approved by the Board. Respondent shall not work in any other registered nursing occupation  
23 where home visits are required.

24 Respondent shall not work in any health care setting as a supervisor of registered  
25 nurses. The Board may additionally restrict Respondent from supervising licensed vocational  
26 nurses and/or unlicensed assistive personnel on a case-by-case basis.

27 Respondent shall not work as a faculty member in an approved school of nursing  
28 or as an instructor in a Board approved continuing education program.

1 Respondent shall work only on a regularly assigned, identified and predetermined  
2 worksite(s) and shall not work in a float capacity.

3 If Respondent is working or intends to work in excess of 40 hours per week, the  
4 Board may request documentation to determine whether there should be restrictions on the hours  
5 of work.

6 **10. Complete a Nursing Course(s).** Respondent, at her own expense, shall  
7 enroll and successfully complete a course(s) relevant to the practice of registered nursing no later  
8 than six months prior to the end of her probationary term.

9 Respondent shall obtain prior approval from the Board before enrolling in the  
10 course(s). Respondent shall submit to the Board the original transcripts or certificates of  
11 completion for the above required course(s). The Board shall return the original documents to  
12 Respondent after photocopying them for its records.

13 **11. Cost Recovery.** Respondent shall pay to the Board costs associated with  
14 its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the  
15 amount of \$12,700.00. Respondent shall be permitted to pay these costs in a payment plan  
16 approved by the Board, with payments to be completed no later than three months prior to the  
17 end of the probation term.

18 If Respondent has not complied with this condition during the probationary term,  
19 and Respondent has presented sufficient documentation of her good faith efforts to comply with  
20 this condition, and if no other conditions have been violated, the Board, in its discretion, may  
21 grant an extension of Respondent's probation period up to one year without further hearing in  
22 order to comply with this condition. During the one year extension, all original conditions of  
23 probation will apply.

24 **12. Violation of Probation.** If Respondent violates the conditions of her  
25 probation, the Board after giving Respondent notice and an opportunity to be heard, may set  
26 aside the stay order and impose the stayed discipline (revocation/suspension) of Respondent's  
27 license.

28 If during the period of probation, an accusation or petition to revoke probation has

1 been filed against Respondent's license or the Attorney General's Office has been requested to  
2 prepare an accusation or petition to revoke probation against Respondent's license, the  
3 probationary period shall automatically be extended and shall not expire until the accusation or  
4 petition has been acted upon by the Board.

5           **13. License Surrender.** During Respondent's term of probation, if she ceases  
6 practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of  
7 probation, Respondent may surrender her license to the Board. The Board reserves the right to  
8 evaluate Respondent's request and to exercise its discretion whether to grant the request, or to  
9 take any other action deemed appropriate and reasonable under the circumstances, without  
10 further hearing. Upon formal acceptance of the tendered license and wall certificate, Respondent  
11 will no longer be subject to the conditions of probation.

12           Surrender of Respondent's license shall be considered a disciplinary action and  
13 shall become a part of Respondent's license history with the Board. A registered nurse whose  
14 license has been surrendered may petition the Board for reinstatement no sooner than the  
15 following minimum periods from the effective date of the disciplinary decision:

16           (1) Two years for reinstatement of a license that was surrendered for any  
17 reason other than a mental or physical illness; or

18           (2) One year for a license surrendered for a mental or physical illness.

19           **14. Physical Examination.** Within 45 days of the effective date of this  
20 Decision, Respondent, at her expense, shall have a licensed physician, nurse practitioner, or  
21 physician assistant, who is approved by the Board before the assessment is performed, submit an  
22 assessment of the Respondent's physical condition and capability to perform the duties of a  
23 registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If  
24 medically determined, a recommended treatment program will be instituted and followed by the  
25 Respondent with the physician, nurse practitioner, or physician assistant providing written  
26 reports to the Board on forms provided by the Board.

27           If Respondent is determined to be unable to practice safely as a registered nurse,  
28 the licensed physician, nurse practitioner, or physician assistant making this determination shall

1 immediately notify the Board and Respondent by telephone, and the Board shall request that the  
2 Attorney General's office prepare an accusation or petition to revoke probation. Respondent  
3 shall immediately cease practice and shall not resume practice until notified by the Board.  
4 During this period of suspension, Respondent shall not engage in any practice for which a license  
5 issued by the Board is required until the Board has notified Respondent that a medical  
6 determination permits Respondent to resume practice. This period of suspension will not apply  
7 to the reduction of this probationary time period.

8           If Respondent fails to have the above assessment submitted to the Board within  
9 the 45-day requirement, Respondent shall immediately cease practice and shall not resume  
10 practice until notified by the Board. This period of suspension will not apply to the reduction of  
11 this probationary time period. The Board may waive or postpone this suspension only if  
12 significant, documented evidence of mitigation is provided. Such evidence must establish good  
13 faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be  
14 provided. Only one such waiver or extension may be permitted.

15           **15. Participate in Treatment/Rehabilitation Program for Chemical**  
16 **Dependence.** Respondent, at her expense, shall successfully complete during the probationary  
17 period or shall have successfully completed prior to commencement of probation a Board-  
18 approved treatment/rehabilitation program of at least six months duration. As required, reports  
19 shall be submitted by the program on forms provided by the Board. If Respondent has not  
20 completed a Board-approved treatment/rehabilitation program prior to commencement of  
21 probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in  
22 a program. If a program is not successfully completed within the first nine months of probation,  
23 the Board shall consider Respondent in violation of probation.

24           Based on Board recommendation, each week Respondent shall be required to  
25 attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics  
26 Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed  
27 by the Board. If a nurse support group is not available, an additional 12-step meeting or  
28 equivalent shall be added. Respondent shall submit dated and signed documentation confirming

1 such attendance to the Board during the entire period of probation. Respondent shall continue  
2 with the recovery plan recommended by the treatment/rehabilitation program or a licensed  
3 mental health examiner and/or other ongoing recovery groups.

4           **16. Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent  
5 shall completely abstain from the possession, injection or consumption by any route of all  
6 psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a  
7 health care professional legally authorized to do so as part of documented medical treatment.  
8 Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the  
9 prescribing health professional, a report identifying the medication, dosage, the date the  
10 medication was prescribed, the Respondent's prognosis, the date the medication will no longer  
11 be required, and the effect on the recovery plan, if appropriate.

12           Respondent shall identify for the Board a single physician, nurse practitioner or  
13 physician assistant who shall be aware of Respondent's history of substance abuse and will  
14 coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled  
15 substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician  
16 assistant shall report to the Board on a quarterly basis Respondent's compliance with this  
17 condition. If any substances considered addictive have been prescribed, the report shall identify a  
18 program for the time limited use of any such substances.

19           The Board may require the single coordinating physician, nurse practitioner, or  
20 physician assistant to be a specialist in addictive medicine, or to consult with a specialist in  
21 addictive medicine.

22           **17. Submit to Tests and Samples.** Respondent, at her expense, shall  
23 participate in a random, biological fluid testing or a drug screening program which the Board  
24 approves. The length of time and frequency will be subject to approval by the Board.  
25 Respondent is responsible for keeping the Board informed of Respondent's current telephone  
26 number at all times. Respondent shall also ensure that messages may be left at the telephone  
27 number when she is not available and ensure that reports are submitted directly by the testing  
28 agency to the Board, as directed. Any confirmed positive finding shall be reported immediately

1 to the Board by the program and Respondent shall be considered in violation of probation.

2 In addition, Respondent, at any time during the period of probation, shall fully  
3 cooperate with the Board or any of its representatives, and shall, when requested, submit to such  
4 tests and samples as the Board or its representatives may require for the detection of alcohol,  
5 narcotics, hypnotics, dangerous drugs, or other controlled substances.

6 If Respondent has a positive drug screen for any substance not legally authorized  
7 and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the  
8 Board files a petition to revoke probation or an accusation, the Board may suspend Respondent  
9 from practice pending the final decision on the petition to revoke probation or the accusation.  
10 This period of suspension will not apply to the reduction of this probationary time period.

11 If Respondent fails to participate in a random, biological fluid testing or drug  
12 screening program within the specified time frame, Respondent shall immediately cease practice  
13 and shall not resume practice until notified by the Board. After taking into account documented  
14 evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the  
15 Board may suspend Respondent from practice pending the final decision on the petition to  
16 revoke probation or the accusation. This period of suspension will not apply to the reduction of  
17 this probationary time period.

18 **18. Mental Health Examination.** During the period of probation, the Board  
19 reserves the right, if necessary, to order Respondent to undergo a mental health examination  
20 including psychological testing as appropriate to determine her capability to perform the duties of  
21 a registered nurse. The examination will be performed by a psychiatrist, psychologist or other  
22 licensed mental health practitioner approved by the Board. The examining mental health  
23 practitioner will submit a written report of that assessment and recommendations to the Board.  
24 All costs are the responsibility of Respondent. Recommendations for treatment, therapy or  
25 counseling made as a result of the mental health examination will be instituted and followed by  
26 Respondent.

27 If Respondent is determined to be unable to practice safely as a registered nurse,  
28 the licensed mental health care practitioner making this determination shall immediately notify



the Board and Respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the Board. During this period of suspension, Respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified Respondent that a mental health determination permits Respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If Respondent fails to have the above assessment submitted to the Board within the 45-day requirement, Respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by Respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

19. **Therapy or Counseling Program.** Respondent, at her expense, shall participate in an on-going counseling program until such time as the Board releases her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

## ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the stipulation and the effect it will have on my registered nurse license. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Registered Nursing.

DATED: 10/31/23

*Nancy E. Vanciel*  
NANCY E. VANCIEL,  
Respondent

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DATED: 11/12/03

Rebecca M. Heinste  
REBECCA M. HEINSTEIN  
Deputy Attorney General  
  
Attorneys for Complainant

**Exhibit A**

**Accusation No. 2002-164**

1 BILL LOCKYER, Attorney General  
of the State of California  
2 REBECCA M. HEINSTEIN, State Bar No. 173202  
Deputy Attorney General  
3 California Department of Justice  
455 Golden Gate Avenue, Suite 11000  
4 San Francisco, CA 94102-7004  
Telephone: (415) 703-5604  
5 Facsimile: (415) 703-5480

6 Attorneys for Complainant

7  
8 **BEFORE THE**  
9 **BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. *2002-164*

12 **NANCY E. VANCIEL,**  
13 **a.k.a. NANCY ELIZABETH VANCIEL**  
6080 Arlington Boulevard  
Richmond, CA 94805

**ACCUSATION**

14 Registered Nurse License No. 495969,

15 Respondent.

16  
17 Complainant alleges:

18 **PARTIES**

19 1. Ruth Ann Terry, M.P.H., R.N. ("Complainant") brings this Accusation solely  
20 in her official capacity as the Executive Officer of the Board of Registered Nursing, Department  
21 of Consumer Affairs.

22 2. On or about August 31, 1993, the Board of Registered Nursing ("Board")  
23 issued Registered Nurse License Number 495969 to Nancy E. Vanciel, a.k.a. Nancy Elizabeth  
24 Vanciel ("Respondent"). The License was in full force and effect at all times relevant to the  
25 charges brought herein and will expire on May 31, 2003, unless renewed.

26 **STATUTORY PROVISIONS**

27 3. Section 2750 of the Code provides, in pertinent part, that the Board may  
28 discipline any licensee, including a licensee holding a temporary or an inactive license, for any

\*1 reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

2           4. Section 2770.11(b) of the Code, states, in pertinent part, that "[i]f a  
3 committee determines that a registered nurse, who is terminated from the [diversion] program,  
4 presents a threat to the public or his or her own health and safety, the committee shall report the  
5 name and license number, along with a copy of all diversion records for that registered nurse, to  
6 the board's enforcement program. The board may use any of the records it receives under this  
7 subdivision in any disciplinary proceeding."

8           5. Section 820 of the Code states:

9           "Whenever it appears that any person holding a license, certificate or permit under this  
10 division or under any initiative act referred to in this division may be unable to practice his or  
11 her profession safely because the licentiate's ability to practice is impaired due to mental illness,  
12 or physical illness affecting competency, the licensing agency may order the licentiate to be  
13 examined by one or more physicians and surgeons or psychologists designated by the agency.  
14 The report of the examiners shall be made available to the licentiate and may be received as  
15 direct evidence in proceedings conducted pursuant to Section 822."

16           6. Section 822 of the Code states:

17           "If a licensing agency determines that its licentiate's ability to practice his or her  
18 profession safely is impaired because the licentiate is mentally ill, or physically ill affecting  
19 competency, the licensing agency may take action by any one of the following methods:

- 20           (a) Revoking the licentiate's certificate or license.  
21           (b) Suspending the licentiate's right to practice.  
22           (c) Placing the licentiate on probation.  
23           (d) Taking such other action in relation to the licentiate as the licensing agency in its  
24 discretion deems proper."

25           7. Section 2761 of the Code provides, in pertinent part, that the Board may take  
26 disciplinary action against a certified or licensed nurse or deny an application for a certificate or  
27 license for any of the following:

28           "(a) Unprofessional conduct, which includes, but is not limited to, the following:

1                   "(1) Incompetence, or gross negligence in carrying out usual certified or licensed  
2 nursing functions.

3                   " . . . .

4                   8. Section 2762 of the Code states, in pertinent part, that "[i]n addition to other  
5 acts constituting unprofessional conduct within the meaning of this chapter [the Nursing Practice  
6 Act], it is unprofessional conduct for a person licensed under this chapter to do any of the  
7 following:

8                   "(a) Obtain or possess in violation of law, or prescribe, or except as directed by a  
9 licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish  
10 or administer to another, any controlled substance as defined in Division 10 (commencing with  
11 Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as  
12 defined in Section 4022.

13                   "(b) Use any controlled substance as defined in Division 10 (commencing with  
14 Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as  
15 defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or  
16 injurious to himself or herself, any other person, or the public or to the extent that such use  
17 impairs his or her ability to conduct with safety to the public the practice authorized by his or her  
18 license.

19                   " . . . .

20                   "(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible  
21 entries in any hospital, patient, or other record pertaining to the substances described in  
22 subdivision (a) of this section."

23                   9. Section 4060 of the Code states, in pertinent part, that no person shall possess  
24 any controlled substance, except that furnished to a person upon the prescription of a physician,  
25 dentist, podiatrist, or veterinarian, or furnished pursuant to a drug order issued by a certified  
26 nurse-midwife pursuant to Section 2746.51, a nurse practitioner pursuant to Section 2836.1, or a  
27 physician assistant pursuant to Section 3502.1.

28                   10. Section 11173(a) of the Health and Safety Code states that "[n]o person shall

1 obtain or attempt to obtain controlled substances, or procure or attempt to procure the  
2 administration of or prescription for controlled substances, (1) by fraud, deceit,  
3 misrepresentation, or subterfuge; or (2) by the concealment of a material fact."

4 11. Section 125.3 of the Code provides, in pertinent part, that the Board may  
5 request the administrative law judge to direct a licentiate found to have committed a violation or  
6 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation  
7 and enforcement of the case.

#### 8 DRUGS

9 12. "**Ativan**," a brand of lorazepam, is a Schedule IV controlled substance as  
10 designated by Health and Safety Code section 11057(d)(12).

11 13. "**Dalmane**," a brand of flurazepam hydrochloride, is a Schedule IV  
12 controlled substance as designated by Health and Safety Code section 11057(d)(12).

13 14. "**Diazepam**" is a Schedule IV controlled substance as designated by Health  
14 and Safety Code section 11057(d)(8).

15 15. "**Demerol**," a brand of meperidine hydrochloride, a derivative of pethidine,  
16 is a Schedule II controlled substance as designated by Health and Safety Code section  
17 11055(c)(17).

18 16. "**Methadone**" is a Schedule II controlled substance as designated by Health  
19 and Safety Code section 11055(c)(14).

20 17. "**Morphine**" is a Schedule II controlled substance as designated by Health  
21 and Safety Code section 11055(b)(1)(M).

22 18. "**Norpropoxyphene**" is a Schedule IV controlled substance as designated by  
23 Health and Safety Code section 11057(c)(2).

24 19. "**Temazepam**" is a Schedule IV controlled substance as designated by Health  
25 and Safety Code section 11057(d)(24).

26 20. "**Tylenol with Codeine**" is a compound consisting of not more than 90 mg.  
27 of codeine, a Schedule III controlled substance as designated by Health and Safety Code section  
28 11056(e)(2), and 300 mg. of acetaminophen per tablet.

1                   21. "Vicodin," is a compound consisting of 5 mg. hydrocodone bitartrate also  
2 known as dihydrocodeinone, a Schedule III controlled substance as designated by Health and  
3 Safety Code section 11056(e)(4), and 500 mg. acetaminophene per tablet.

4                   22. "Darvocet," a combination drug containing propoxyphene napsylate and  
5 acetaminophen, is a Schedule IV controlled substance as designated by Health and Safety Code  
6 section 11057(c)(2).

7                                   **FIRST CAUSE FOR DISCIPLINE**

8                                   **(Mental Illness Affecting Competency)**

9                   23. Respondent is subject to disciplinary action under section 822 of the Code in  
10 that her ability to practice safely is impaired due to Respondent's mental illness affecting her  
11 competency, as follows:

12                   a. On or about March 9, 2002, Respondent was examined, pursuant to section  
13 820 of the Code, by Clinical Psychologist Jonathan E. French, Ph.D. As a result of said  
14 examination, Dr. French concluded that Respondent suffers from the following conditions and/or  
15 diagnoses:

- 16                   1. Axis I: Poly-Substance Dependence (DSM IV 304.80).  
17                   2. Axis II: Personality Disorder, Not Otherwise Specified, with Antisocial and  
18 Passive-Aggressive Features (DSM IV 301.9).

19                   b. Dr. French further concluded that Respondent exhibited "some features of  
20 sociopathic personality," and "remains devious, manipulative, and untrustworthy."

21                   c. Dr. French opined that due to Respondent's mental illness, she cannot be  
22 considered a safe practitioner.

23                                   **SECOND CAUSE FOR DISCIPLINE**

24                                   **(Obtaining and Self-Administering a Controlled Substance,  
25 Dangerous Drug, or Device)**

26                   24. Respondent is subject to disciplinary action under section 2761(a) of the  
27 Code on the grounds of unprofessional conduct, as defined by section 2762(a) of the Code, in  
28 that on or about April 19, 1999, while in the Board's diversion program, a toxicology report



1 revealed that Respondent was under the influence of Morphine, without direction from a licensed  
2 physician and surgeon, dentist, or podiatrist.

3 **THIRD CAUSE FOR DISCIPLINE**

4 **(Obtaining and Self-Administering a Controlled Substance,  
5 Dangerous Drug, or Device)**

6 25. Respondent is subject to disciplinary action under section 2761(a) of the  
7 Code on the grounds of unprofessional conduct, as defined by section 2762(a) of the Code, in  
8 that on or about June 25, 1997, a toxicology report revealed that Respondent was under the  
9 influence of Methadone and Norpropoxyphene, without the direction from a licensed physician  
10 and surgeon, dentist, or podiatrist.

11 **ST. MARY'S MEDICAL CENTER**

12 **FOURTH CAUSE FOR DISCIPLINE**

13 **(Obtaining, Possessing, and Self-Administering a Controlled Substance,  
14 Dangerous Drug, or Device)**

15 26. Respondent is subject to disciplinary action under section 2761(a) of the  
16 Code on the grounds of unprofessional conduct, as defined by section 2762(a) of the Code, in  
17 that between the approximate period of October 1997 and November 1998, while on duty as a  
18 registered nurse at St. Mary's Medical Center in San Francisco, California, Respondent did the  
19 following:

20 a. Respondent admitted that she obtained an unknown quantity of Demerol by  
21 fraud, deceit, misrepresentation, subterfuge, or by concealment of a material fact in violation of  
22 section 11173(a) of the Health and Safety Code, by diverting Demerol from the hospital supply  
23 for her own use.

24 b. Respondent possessed an unknown quantity of Demerol in violation of  
25 section 4060 of the Code.

26 c. Respondent admitted that, four to five times per day, she self-administered an  
27 unknown quantity of Demerol that she had diverted from the hospital supply, without direction  
28 from a licensed physician and surgeon, dentist, or podiatrist.

///

1 **FIFTH CAUSE FOR DISCIPLINE**

2 **(Using a Controlled Substance, Dangerous Drug, or Alcoholic Beverage to a**  
3 **Dangerous Extent)**

4 27. Respondent is subject to disciplinary action under section 2761(a) of the Code  
5 on the grounds of unprofessional conduct, as defined by section 2762(b) of the Code, in that she  
6 used Demerol to an extent or in a manner dangerous or injurious to herself or others and/or to the  
7 extent that such use impaired her ability to conduct with safety to the public the practice  
8 authorized by her license, as evidenced by the following:

9 a. As set forth in paragraph 25a above, Respondent admitted that between the  
10 approximate period of October 1997 and November 1998, while on duty as a registered nurse at  
11 St. Mary's Medical Center in San Francisco, California, she diverted an unknown quantity of  
12 Demerol from the hospital supply, without direction from a licensed physician and surgeon,  
13 dentist, or podiatrist, and self-administered the drug four to five times per day.

14 b. Respondent was hospitalized in or about November 1998 for drug  
15 detoxification.

16 c. In or about January 1999, Respondent admitted that she was addicted to  
17 Demerol and entered into the Board's diversion program.

18 d. On or about October 30, 2001, the Diversion Evaluation Committee ("DEC")  
19 terminated Respondent from diversion based a history of noncompliance, including a failure to  
20 undergo the required random bodily fluid testing. The DEC opined that Respondent was a public  
21 safety risk.

22 **MT. DIABLO MEDICAL PAVILION**

23 **SIXTH CAUSE FOR DISCIPLINE**

24 **(Falsify, or Make Grossly Incorrect, Grossly Inconsistent,**  
25 **or Unintelligible Entries in Medical Records)**

26 28. Respondent is subject to disciplinary action under section 2761(a) of the  
27 Code on the grounds of unprofessional conduct, as defined by section 2762(e) of the Code, in  
28 that between the approximate period of September 2, 1996 and October 9, 1996, while on duty  
as a registered nurse at Mt. Diablo Medical Pavilion in Concord, California, she falsified, made

grossly incorrect, grossly inconsistent or unintelligible entries in the hospital and patient records pertaining to controlled substances in the following respects:

**Patient E. B. (MR # 0912)**

a. On September 4, 1996, at 3:30 p.m. and 6:30 p.m., Respondent signed out two (2) Vicodin tablets, for a total of four (4) tablets, on the Controlled Drug Record ("CDR") for patient E. B., but she failed to document the administration of the Vicodin in the medication administration record ("MAR"), and failed to otherwise account for the disposition of the four (4) Vicodin tablets.

b. On September 5, 1996, at 4:30 p.m. and 8:30 p.m., Respondent signed out two (2) Vicodin tablets, for a total of four (4) tablets, on the CDR for patient E. B., but she failed to document the administration of the Vicodin in the MAR, and failed to otherwise account for the disposition of the four (4) Vicodin tablets.

**Patient J. E. (MR # 2160)**

c. On September 2, 1996, at 5:30 p.m., Respondent signed out one (1) Ativan tablet on the CDR for patient J. E., but she failed to document the administration of the Ativan in the MAR.

d. On September 4, 1996, at 9:00 p.m., Respondent signed out two (2) Ativan tablets on the CDR for patient J. E., but she failed to document the administration of the Ativan in the MAR, and failed to otherwise account for the disposition of the two (2) Ativan tablets.

e. On September 5, 1996, at 7:45 p.m., Respondent signed out for one (1) Darvocet tablet on the CDR for patient J. E., but she failed to document the administration of Darvocet in the MAR.

**Patient G. N. (MR #4739)**

f. On September 4, 1996, at 7:30 p.m. and 11:00 p.m., Respondent signed out two (2) Tylenol with Codeine #3 tablets, for a total of four (4) tablets, on the CDR for patient G. N., but she failed to document the administration of the Tylenol with Codeine #3 in the MAR, and failed to otherwise account for the disposition of the four (4) Tylenol with Codeine #3 tablets.

1 g. On September 13, 1996, at 4:30 p.m., Respondent signed out two (2) Tylenol  
2 with Codeine #3 tablets on the CDR for patient G. N., but she failed to document the  
3 administration of the Tylenol with Codeine #3 in the MAR, and failed to otherwise account for  
4 the disposition of the two (2) Tylenol with Codeine #3 tablets.

5 **Patient C. S. (MR # 4807)**

6 h. On September 20, 1996, at 9:00 p.m., Respondent signed out two (2) Vicodin  
7 tablets on the CDR for patient C. S., but she failed to document the administration of Vicodin in  
8 the MAR, and failed to otherwise account for the disposition of the two (2) Vicodin tablets.

9 i. On September 23, 1996, at 8:00 p.m., Respondent signed out two (2) Vicodin  
10 tablets, on the CDR, for patient C. S., but she failed to document the administration of Vicodin in  
11 the MAR, and failed to otherwise account for the disposition of the two (2) Vicodin tablets.

12 **Patient M. B. (MR # 4849)**

13 j. On October 1, 1996, at 10:00 p.m., Respondent signed out two (2) Vicodin  
14 tablets on the CDR for patient M. B., but she failed to document the administration of Vicodin in  
15 the MAR, and failed to otherwise account for the disposition of the two (2) Vicodin tablets.

16 **Patient P. J. (MR # 4341)**

17 k. On October 2, 1996, at 9:00 p.m., Respondent signed out two (2) Dalmane  
18 tablets on the CDR for patient P. J., but she failed to document the administration of Dalmane in  
19 the MAR, and failed to otherwise account for the disposition of the two (2) Dalmane tablets.

20 **Patient B. M. (MR # 3474)**

21 l. On October 4, 1996, at 9:30 p.m., Respondent signed out one (1) Ativan  
22 tablet on the CDR for patient B. M., but she failed to document the administration of Ativan in  
23 the MAR, and failed to otherwise account for the disposition of the one (1) Ativan tablet.

24 m. On October 4, 1996, Respondent signed out 30 mg. of MS-Contin on the  
25 CDR for patient B. M., documented on the record that she obtained 15 mg. for the patient and  
26 wasted 15 mg. of the drug, but she failed to obtain a counter-signature for the wastage.

27 **Patient L. H. (MR #4851)**

28 n. On October 7, 1996, at 7:30 p.m., Respondent signed out two (2) Vicodin

1 tablets, on the CDR for patient L. H., but she failed to document the administration of Vicodin in  
2 the MAR, and failed to otherwise account for the disposition of the two (2) Vicodin tablets.

3 Patient L. A. (MR # 4913)

4 o. On October 7, 1996, at 9:00 p.m. and 11:00 p.m., Respondent signed out  
5 10 mg. of Morphine, for a total of 20 mg. of Morphine on the CDR for patient L. A., documented  
6 on the CDR that she obtained a total of 10 mg. of the drug for the patient and wasted a total of 10  
7 mg. of the drug, but she failed to document the administration of Morphine in the MAR, failed to  
8 obtain a counter-signature for the 9:00 p.m. dose that she wasted, and failed to otherwise account  
9 for the disposition of 10 mg. of Morphine.

10 p. On October 8, 1996, at 9:00 p.m. and 11:40 p.m., Respondent signed out  
11 10 mg. of Morphine, for a total of 20 mg. of Morphine, on the CDR for patient L. A.,  
12 documented on the record that she obtained a total of 10 mg. of the drug for the patient and  
13 wasted a total of 10 mg. of the drug, obtained a counter-signature for the wastage, but she failed  
14 to document the administration of Morphine in the MAR, and failed to otherwise account for the  
15 disposition of 10 mg. of Morphine.

16 q. On October 9, 1996, at 3:40 p.m., Respondent signed out 10 mg. of Morphine  
17 on the CDR for patient L. A., documented on the record that she obtained a total of 5 mg. of the  
18 drug for the patient and wasted 5 mg. of the drug, obtained a counter-signature for the wastage,  
19 but she failed to document the administration of Morphine in the MAR, and failed to otherwise  
20 account for the disposition of 5 mg. of Morphine.

21 r. On October 9, 1996, at 8:00 p.m. and 9:00 p.m. (1 hour apart), Respondent  
22 signed out 10 mg. of Morphine, for a total of 20 mg. of Morphine, on the CDR for patient  
23 L. A., documented on the record that she obtained a total of 10 mg. of the drug for the patient and  
24 wasted a total of 10 mg. of the drug, obtained a counter-signature for the wastage, but she failed  
25 to document the administration of Morphine in the MAR and failed to otherwise account for the  
26 disposition of 10 mg. of Morphine.

27 29. On or about June 5, 1997, Respondent admitted to the Board's investigator  
28 that while on duty as a registered nurse at Mt. Diablo Medical Pavilion in Concord, California,

1 she made "many errors in documentation," and failed to document narcotics and regularly  
2 scheduled medications.

3 **SEVENTH CAUSE FOR DISCIPLINE**

4 **(Unprofessional Conduct - Gross Negligence)**

5 30. Respondent is subject to disciplinary action under section 2761(a) of the  
6 Code, on the grounds of unprofessional conduct, as defined by section 2761(a)(1) of the Code  
7 and section 1442 of the California Code of Regulations, in that between the approximate period  
8 of September 2, 1996 and October 9, 1996, while on duty as a registered nurse at Mt. Diablo  
9 Medical Pavilion in Concord, California, Respondent repeatedly violated section 2762(e) of the  
10 Code, as set forth in paragraphs 27, 28 and 29, above.

11 **ALTA BATES MEDICAL CENTER**

12 **EIGHTH CAUSE FOR DISCIPLINE**

13 **(Obtaining and Possessing a Controlled Substance,  
14 Dangerous Drug, or Device)**

15 31. Respondent is subject to disciplinary action under section 2761(a) of the  
16 Code on the grounds of unprofessional conduct, as defined by section 2762(a) of the Code, in  
17 that between the approximate period of May 1994 to August 6, 1996, while on duty as a  
18 registered nurse at Alta Bates Medical Center in Berkeley, California, Respondent did the  
19 following:

20 a. Respondent admitted that she obtained an unknown quantity of Demerol and  
21 Vicodin by fraud, deceit, misrepresentation, subterfuge, or by concealment of a material fact in  
22 violation of section 11173(a) of the Health and Safety Code, by diverting Demerol and Vicodin  
23 from the hospital supply for her own use.

24 b. Respondent possessed an unknown quantity of Demerol and Vicodin in  
25 violation of section 4060 of the Code.

26 / / /

27 / / /

28 / / /

**NINTH CAUSE FOR DISCIPLINE**

**(Falsify, or Make Grossly Incorrect, Grossly Inconsistent,  
or Unintelligible Entries in Medical Records)**

32. Respondent is subject to disciplinary action under section 2761(a) of the Code on the grounds of unprofessional conduct, as defined by section 2762(e) of the Code, in that between the approximate period of July 15, 1996 and August 5, 1996, while employed as a registered nurse at Alta Bates Medical Center in Berkeley, California, she made false, grossly incorrect, grossly inconsistent, or unintelligible entries in the hospital and patient records, in the following respects:

**Patient K.P. (No. 8661043)**

a. Between July 18, 1996 and July 24, 1996, when Respondent was not assigned to care for patient K. P., Respondent signed out Demerol from the Sure-Med narcotic dispenser ("Sure-Med") for the patient. Respondent failed to document the administration of any of the drug in the MAR, and failed to otherwise account for the disposition of 950 mg. of Demerol that she withdrew from the Sure-Med narcotic dispenser, as follows:

<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount Withdrawn</u>
7/18/96	7:46:02 p.m.	100 mg.
7/18/96	9:00:15 p.m.	100 mg.
7/21/96	5:27:14 p.m.	100 mg.
7/21/96	8:48:33 p.m.	75 mg.
7/22/96	6:35:18 p.m.	75 mg.
7/22/96	8:08:58 p.m.	100 mg.
7/22/96	10:15:28 p.m.	100 mg.
7/24/96	7:22:20 p.m.	100 mg.
7/24/96	9:59:46 p.m.	100 mg.
7/24/96	11:02:58 p.m.	100 mg.

b. On or about July 24, 1996, at 4:09:15 p.m. and 4:34:52 p.m. (less than 30 minutes apart), when Respondent was not assigned to care for patient K. P., Respondent signed

1 out 100 mg. of Demerol (for a total of 200 mg. of the drug) from the Sure-Med for the patient.  
2 Respondent failed to document the administration of any of the drug in the MAR, and failed to  
3 otherwise account for the disposition of 200 mg. of Demerol.

4 c. Between July 25, 1996 and July 30, 1996, while assigned to care for patient  
5 K. P., Respondent signed out Demerol and Temazepam, from the Sure-Med for the patient, but  
6 she failed to document the administration of any of the drugs in the MAR, and failed to otherwise  
7 account for the disposition of 900 mg. of Demerol and two (2) 15 mg. capsules of Temazepam  
8 that she withdrew from the Sure-Med, as follows:

<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount Withdrawn/Drug</u>
7/25/96	4:56:23 p.m.	100 mg. of Demerol
7/25/96	10:31:50 p.m.	100 mg. of Demerol
7/26/96	9:45:31 p.m.	100 mg. of Demerol
7/29/96	5:39:13 p.m.	100 mg. of Demerol
7/29/96	7:34:24 p.m.	100 mg. of Demerol
7/29/96	8:38:39 p.m.	100 mg. of Demerol
7/29/96	9:58:06 p.m.	100 mg. of Demerol
7/29/96	9:01:30 p.m.	One (1) 15 mg. capsule of Temazepam
7/30/96	6:43:43 p.m.	100 mg. of Demerol
7/30/96	7:50:51 p.m.	100 mg. of Demerol
7/30/96	9:56:06 p.m.	One (1) 15 mg. capsule of Temazepam

23 d. On or about July 25, 1996, while assigned to care for patient K. P.,  
24 respondent made grossly inconsistent entries when, at 3:58:46 p.m., she signed out 100 mg. of  
25 Demerol from the Sure-Med for the patient, and charted the administration of the Demerol on the  
26 MAR as having been administered at 2:50 p.m., over an hour prior to the time that the drug was  
27 signed out.

28 e. On or about July 25, 1996, while assigned to care for patient K.P.,



1 Respondent made grossly inconsistent entries when, at 7:21:54 p.m., she signed out 100 mg. of  
2 Demerol from the Sure-Med for the patient, and charted the administration of the Demerol on the  
3 MAR as having been administered at 8:00 p.m., almost forty minutes after the time that the drug  
4 was signed out.

5 f. On or about July 26, 1996, at 4:51:39 p.m. and 6:52:52 p.m., Respondent  
6 signed out 100 mg. of Demerol (for a total of 200 mg. of Demerol) from the Sure-Med for the  
7 patient. Between 3:01 p.m. and 11:00 p.m., Respondent made unintelligible entries on the MAR  
8 as to the times that the drug was administered to the patient.

9 g. On or about July 29, 1996, at 2:28:24 p.m., while assigned to care for patient  
10 K. P., Respondent signed out 400 mg. of Demerol from the Sure-Med for the patient. Between  
11 3:01 p.m. and 11:00 p.m., Respondent made an unintelligible entry on the MAR as to the time  
12 the drug was administered to the patient.

13 h. On or about July 29, 1996, at 3:29:12 p.m., while assigned to care for patient  
14 K. P., Respondent signed out two (2) Vicodin tablets from the Sure-Med for the patient.  
15 Between 3:01 p.m. and 11:00 p.m., Respondent made an unintelligible entry on the MAR as to  
16 the time the drug was administered to the patient.

17 i. On or about July 30, 1996, Respondent made grossly inconsistent entries  
18 when, at 9:11:23 p.m., she signed out two (2) Vicodin tablets from the Sure-Med for patient K.  
19 P., and charted the administration of the Vicodin on the MAR as having been administered at  
20 10:00 p.m., almost fifty minutes after the time that the drug was signed out.

21 Patient M. N. (No. 8677528)

22 j. Between July 22, 1996 and August 5, 1996, when Respondent was not  
23 assigned to care for patient M. N., the physician's orders included 2 mg. or up to 10 mg. of  
24 Morphine to be administered to the patient every two (2) hours as needed for pain. Respondent  
25 signed out Morphine from the Sure-Med for the patient, more often than as ordered, failed to  
26 document the administration of any of the drug in the MAR, failed to document any wastage of  
27 the drug, and failed to otherwise account for the disposition of 260 mg. of Morphine that she  
28 withdrew from the Sure-Med, as follows:

	<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount of Morphine Withdrawn</u>
1			
2	7/22/96	8:08:41 p.m.	10 mg.
3	7/22/96	8:45:04 p.m.	10 mg.
4	7/29/96	8:03:22 p.m.	10 mg
5	7/29/96	9:24:53 p.m.	10 mg.
6	7/30/96	11:31:52 p.m.	10 mg.
7	7/30/96	11:32:23 p.m.	10 mg.
8	7/31/96	6:52:52 p.m.	10 mg.
9	7/31/96	6:53:12 p.m.	10 mg.
10	8/3/96	8:38:51 p.m.	10 mg.
11	8/3/96	9:55:55 p.m.	10 mg.
12	8/4/96	2:34:38 p.m.	20 mg.
13	8/4/96	4:31:41 p.m.	10 mg.
14	8/4/96	5:11:40 p.m.	10 mg.
15	8/4/96	6:44:27 p.m.	10 mg.
16	8/4/96	8:11:15 p.m.	10 mg.
17	8/4/96	8:11:40 p.m.	10 mg.
18	8/4/96	9:51:39 p.m.	10 mg.
19	8/5/96	3:09:10 p.m.	10 mg.
20	8/5/96	4:10:36 p.m.	10 mg.
21	8/5/96	5:01:30 p.m.	10 mg.
22	8/5/96	9:12:46 p.m.	10 mg.
23	8/5/96	10:07:37 p.m.	20 mg.

24 k. Between July 24, 1996 and August 3, 1996, when Respondent was not  
25 assigned to care for patient M. N., she signed out Morphine from the Sure-Med for the patient.  
26 Respondent also failed to document the administration of Morphine in the MAR, and failed to  
27 otherwise account for the disposition of 130 mg. Morphine that she withdrew from the Sure-  
28 Med, as follows:

	<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount of Morphine Withdrawn</u>
1			
2	7/24/96	2:57:54 p.m.	10 mg.
3	7/24/96	9:59:31 p.m.	10 mg.
4	7/26/96	4:50:53 p.m.	10 mg.
5	7/26/96	6:53:58 p.m.	10 mg.
6	7/26/96	8:46:26 p.m.	10 mg.
7	7/26/96	10:49:21 p.m.	10 mg.
8	7/29/96	4:38:20 p.m.	10 mg.
9	7/29/96	6:38:56 p.m.	10 mg.
10	7/30/96	4:17:45 p.m.	10 mg.
11	7/30/96	6:43:27 p.m.	10 mg.
12	7/31/96	3:24:03 p.m.	10 mg.
13	7/31/96	8:55:53 p.m.	10 mg.
14	8/3/96	6:25:35 p.m.	20 mg.

15           1. On or about July 24, 1996, at 4:34:37, when Respondent was not assigned to  
16 patient M. N., Respondent signed out 10 mg of Morphine from the Sure-Med for the patient.  
17 Between 3:01 p.m. and 11:00 p.m., Respondent documented the administration of the drug, but  
18 she made an unintelligible entry as to the time that she administered the drug.

19           Patient V. K. (No. 864721)

20           m. Between July 15, 1996 and July 31, 1996, while Respondent was assigned to  
21 care for patient V. K., the physician's orders included 2 to 4 mg. of Morphine to be administered  
22 to the patient every 2 to 3 hours as needed for pain. Respondent withdrew 10 mg. of Morphine  
23 for the patient from the Sure-Med, but charted the administration of 2 to 4 mg. of the drug in the  
24 MAR. Respondent made grossly inconsistent entries in the patient MAR, failed to document any  
25 wastage, and failed to account for the disposition of the remaining dosages of Morphine that she  
26 withdrew from the Sure-Med, as follows:

27           / / /

28           / / / .

	<u>Date &amp; Time Withdrawn</u>	<u>Time Administered</u>	<u>Amount of Morphine Withdrawn/Administered</u>
1	7/15/96 @ 5:15:36 p.m.	4:50 p.m.	10 mg. withdrawn and 2-4 mg. administered
2			
3	7/16/96 @ 10:06:04 p.m.	10:00 p.m.	10 mg. withdrawn and 2-4 mg. administered
4			
5	7/17/96 @ 4:18:30 p.m.	4:00 p.m.	10 mg. withdrawn and 2-4 mg. administered
6			
7	7/17/96 @ 10:19:07 p.m.	10:00 p.m.	10 mg. withdrawn and 2-4 mg. administered
8			
9	7/18/96 @ 4:52:29 p.m.	6:00 p.m.	10 mg. withdrawn and 2-4 mg. administered
10			
11	7/18/96 @ 10:03:25 p.m.	10:00 p.m.	10 mg. withdrawn and 2-4 mg. administered
12			
13	7/21/96 @ 3:56:45 p.m.	4:00 p.m.	10 mg. withdrawn and 4 mg. administered
14			
15	7/21/96 @ 6:05:44 p.m.	6:00 p.m.	10 mg. withdrawn and 4 mg. administered
16			
17	7/22/96 @ 4:11:32 p.m.	4:00 p.m.	10 mg. withdrawn and 2 mg. administered
18			
19	7/22/96 @ 6:35:56 p.m.	6:00 p.m.	10 mg. withdrawn and 2 mg. administered
20			
21	7/24/96 @ 7:44:41 p.m.	8:00 p.m.	10 mg. withdrawn and 2 mg. administered
22			
23	7/25/96 @ 3:13:36 p.m.	3:50 p.m.	10 mg. withdrawn and 4 mg. administered
24			
25	7/25/96 @ 7:21:12 p.m.	5:30 p.m.	10 mg. withdrawn and 4 mg. administered
26			
27	7/26/96 @ 4:50:37 p.m.	3:30 p.m.	10 mg. withdrawn and 2 mg. administered
28			
	7/30/96 @ 3:55:01 p.m.	5:00 p.m.	10 mg. withdrawn and 2 mg. administered
	7/30/96 @ 10:11:10 p.m.	7:00 p.m.	10 mg. withdrawn and 2 mg. administered
	7/31/96 @ 4:02:48 p.m.	5:00 p.m.	10 mg. withdrawn and 4 mg. administered
	7/31/96 @ 6:30:01 p.m.	7:00 p.m.	10 mg. withdrawn and 4 mg. administered

n. Between July 15, 1996 and August 3, 1996, while Respondent was assigned to care for patient V. K., she signed out Morphine from the Sure-Med for the patient. Respondent failed to document the administration of Morphine in the MAR, and failed to otherwise account for the disposition of 270 mg. of Morphine that she withdrew from the Sure-Med, as follows:

<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount of Morphine Withdrawn</u>
7/15/96	6:10:22 p.m.	10 mg.
7/15/96	7:30:37 p.m.	10 mg.
7/15/96	8:41:16 p.m.	20 mg.
7/16/96	5:12:28 p.m.	10 mg.
7/16/96	5:59:21 p.m.	10 mg.
7/18/96	7:10:46 p.m.	10 mg.
7/18/96	10:35:08 p.m.	10 mg.
7/21/96	7:59:28 p.m.	10 mg.
7/21/96	9:50:41 p.m.	10 mg.
7/21/96	11:35:14 p.m.	10 mg.
7/22/96	4:50:47 p.m.	10 mg.
7/22/96	8:45:21 p.m.	10 mg.
7/25/96	10:41:05 p.m.	10 mg.
7/26/96	9:47:11 p.m.	10 mg.
7/30/96	10:45:42 p.m.	10 mg.
7/31/96	4:57:02 p.m.	10 mg.
7/31/96	8:56:12 p.m.	10 mg.
7/31/96	8:56:35 p.m.	10 mg.
7/31/96	9:48:16 p.m.	10 mg.
8/3/96	2:55:07 p.m.	20 mg.
8/3/96	5:19:00 p.m.	20 mg.

<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount of Morphine Withdrawn</u>
8/3/96	7:11:42 p.m.	10 mg.
8/3/96	7:11:55 p.m.	10 mg.
8/3/96	9:06:44 p.m.	10 mg.

o. Between July 16, 1996 and August 3, 1996, while Respondent was assigned to care for patient V. K., she signed out Lorazepam from the Sure-Med for the patient. Respondent failed to document the administration of Lorazepam in the MAR, and failed to otherwise account for the disposition of six (6) Lorazepam tablets that she withdrew from the Sure-Med, as follows:

<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount of Lorazepam/ Ativan Withdrawn</u>
7/16/96	8:52:14 p.m.	1 tablet
7/17/96	9:24:41 p.m.	1 tablet
7/24/96	9:31:31 p.m.	1 tablet
7/25/96	8:58:28 p.m.	1 tablet
7/30/96	6:43:07 p.m.	1 tablet
8/3/96	7:28:45 p.m.	1 tablet

p. Between July 16, 1996 and August 3, 1996, while Respondent was assigned to care for patient V. K., she signed out Tylenol with Codeine #3 tablets from the Sure-Med for the patient. Respondent failed to document the administration of Tylenol with Codeine #3 tablets in the MAR, and failed to otherwise account for the disposition of six (6) Tylenol with Codeine #3 tablets that she withdrew from the Sure-Med, as follows:

<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount of Tylenol with Codeine #3 Withdrawn</u>
7/16/96	5:17:18 p.m.	2 tablets
7/18/96	5:52:39 p.m.	2 tablets
8/3/96	9:06:13 p.m.	2 tablets

q. On July 24, 1996 and July 25, 1996, while Respondent was assigned to care for patient V. K., she signed out Diazepam from the Sure-Med for the patient, without a physician's order. Respondent failed to document the administration of drug in the MAR, failed to document any wastage of the drug, and failed to otherwise account for the disposition of three (3) 5 mg. Diazepam tablets that she withdrew from the Sure-Med, as follows:

<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount of Diazepam Withdrawn</u>
7/24/96	10:36:43 p.m.	1 tablet
7/25/96	5:52:39 p.m.	1 tablet
7/25/96	8:32:13 p.m.	1 tablet

r. Between July 24, 1996 and July 31, 1996, while Respondent was assigned to care for patient V. K., Respondent signed out for Lorazepam and Tylenol with Codeine #3 tablets from the Sure-Med, and documented the administration of the drugs in the MAR, but she made grossly inconsistent entries as to the time that the drugs were administered to the patient, as follows:

<u>Date &amp; Time Withdrawn</u>	<u>Time Administered</u>	<u>Amount Withdrawn/Drug</u>
7/25/96 @ 8:58:42 p.m.	10:00 p.m.	Two 30 mg. Tylenol #3
7/29/96 @ 6:38:37 p.m.	6:30 p.m.	Two 30 mg. Tylenol #3
7/31/96 @ 4:30:33 p.m.	4:00 p.m.	Two 30 mg. Tylenol #3
7/31/96 @ 7:09:45 p.m.	6:00 p.m.	One .5 mg. Lorazepam

**Patient D. T. (No. 8647737)**

s. Between July 17, 1996 and July 26, 1996, while Respondent was assigned to care for patient D. T., the physician's orders included one or two Vicodin tablets to be administered every four (4) hours to the patient as needed for pain, and 25 mg. of Demerol IM every three (3) hours as needed for pain. Respondent signed out Demerol and Vicodin from the Sure-Med for the patient, but she failed to document the administration of any of the drugs in the MAR, and failed to otherwise account for the disposition of 1,200 mg. of Demerol and one (1) Vicodin tablet that she withdrew from the Sure-Med, as follows:

<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount Withdrawn/Drug</u>
7/17/96	8:07:55 p.m.	100 mg. Demerol
7/17/96	10:19:48 p.m.	100 mg. Demerol
7/18/96	4:52:07 p.m.	100 mg. Demerol
7/18/96	6:31:37 p.m.	100 mg. Demerol
7/18/96	9:01:21 p.m.	100 mg. Demerol
7/21/96	4:05:24 p.m.	100 mg. Demerol
7/21/96	4:05:50 p.m.	100 mg. Demerol
7/21/96	8:00:34 p.m.	100 mg. Demerol
7/21/96	8:16:29 p.m.	One Vicodin tablet
7/24/96	10:35:49 p.m.	100 mg. Demerol
7/25/96	10:33:04 p.m.	100 mg. Demerol
7/26/96	3:22:29 p.m.	100 mg. Demerol
7/26/96	4:50:19 p.m.	100 mg. Demerol

t Between July 17, 1996 and July 25, 1996, while Respondent was assigned to care for patient D. T., Respondent signed out 50 mg. and 100 mg. of Demerol for the patient from the Sure-Med, but charted the administration of 25 mg. of the drug in the MAR. Respondent made grossly inconsistent entries in the patient MAR, failed to document any wastage, and failed to account for the disposition of the remaining dosages of Demerol that she withdrew from the Sure-Med, as follows:

<u>Date &amp; Time Withdrawn</u>	<u>Time Administered</u>	<u>Amount of Demerol Withdrawn/Administered</u>
7/17/96 @ 4:06:50 p.m.	3:30 p.m.	50 mg. withdrawn and 25 mg. administered
7/17/96 @ 6:32:54 p.m.	6:00 p.m.	100 mg. withdrawn and 25 mg. administered
7/21/96 @ 3:57:01 p.m.	3:30 p.m.	100 mg. withdrawn and 25 mg. administered
7/22/96 @ 10:15:00 p.m.	10:00 p.m.	100 mg. withdrawn and 25 mg. administered



<u>Date &amp; Time Withdrawn</u>	<u>Time Administered</u>	<u>Amount of Demerol Withdrawn/Administered</u>
7/24/96 @ 5:22:58 p.m.	4:00 p.m.	100 mg. withdrawn and 25 mg. administered
7/24/96 @ 7:23:09 p.m.	8:00 p.m.	100 mg. withdrawn and 25 mg. administered
7/25/96 @ 4:56:57 p.m.	5:00 p.m.	100 mg. withdrawn and 25 mg. administered
7/25/96 @ 7:45:32 p.m.	8:00 p.m.	100 mg. withdrawn and 25 mg. administered

u. On July 22, 1996, while Respondent was assigned to care for patient D. T., Respondent made grossly incorrect and grossly inconsistent entries when, at 4:35:20 p.m., she signed out one (1) Vicodin tablet from the Sure-Med for the patient, but charted the administration of the drug as having been administered at 4:00 p.m., over thirty-five minutes prior to the time that the drug was signed out.

**Patient M. S. (No. 8642249)**

v. On July 15, 1996 and July 16, 1996, when Respondent was not assigned to care for patient M. S., the physician's orders included 25 mg. to 50 mg. of Demerol IM every four (4) hours as needed for pain. Respondent signed out for 75 mg. to 100 mg. of Demerol, from the Sure-Med for the patient, more often than as ordered, failed to chart the administration of any of the drug in the MAR, failed to document any wastage, and failed to otherwise account for the disposition of 475 mg. of Demerol that she withdrew from the Sure-Med, as follows:

<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount of Demerol Withdrawn</u>
7/15/96	8:00:24 p.m.	100 mg.
7/15/96	9:50:31 p.m.	75 mg.
7/16/96	3:40:28 p.m.	100 mg.
7/16/96	7:29:51 p.m.	100 mg.
7/16/96	8:53:24 p.m.	100 mg.

w. Between July 18, 1996 and July 26, 1996, when Respondent was not assigned to care for patient M. S., the physician's orders included 25 mg. of Demerol IM every

four (4) hours as need for pain. Respondent signed out for 100 mg. of Demerol from the Sure-Med narcotic dispenser for the patient, more often than as ordered, failed to chart the administration of any of the drug in the MAR, failed to document any wastage, and failed to otherwise account for the disposition of 1,400 mg. of Demerol that she withdrew from the Sure-Med, as follows:

<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount of Demerol Withdrawn</u>
7/18/96	7:24:43 p.m.	100 mg.
7/21/96	5:26:54 p.m.	100 mg.
7/21/96	8:17:02 p.m.	100 mg.
7/22/96	4:35:45 p.m.	100 mg.
7/22/96	8:47:22 p.m.	100 mg.
7/24/96	4:35:10 p.m.	100 mg.
7/24/96	7:22:39 p.m.	100 mg.
7/24/96	10:00:17 p.m.	100 mg.
7/24/96	11:29:01 p.m.	100 mg.
7/25/96	4:56:36 p.m.	100 mg.
7/26/96	6:06:36 p.m.	100 mg.
7/26/96	6:53:27 p.m.	100 mg.
7/26/96	9:00:34 p.m.	100 mg.
7/26/96	9:46:00 p.m.	100 mg.

x. Between July 27, 1996 and July 31, 1996, when Respondent was not assigned to patient M. S., the physician's order was to discontinue administration of Demerol to the patient. However, Respondent signed out Demerol for the patient, failed to document the administration of the drug in the MAR, failed to document any wastage, and failed to otherwise account for the disposition of 700 mg. of Demerol that she withdrew from the Sure-Med, as follows:

///

///

<u>Date Withdrawn</u>	<u>Time Withdrawn</u>	<u>Amount of Demerol Withdrawn</u>
7/29/96	9:24:30 p.m.	100 mg.
7/30/96	8:23:17 p.m.	100 mg.
7/30/96	11:32:45 p.m.	100 mg.
7/31/96	4:03:04 p.m.	100 mg.
7/31/96	6:29:45 p.m.	100 mg.
7/31/96	7:59:27 p.m.	100 mg.
7/31/96	9:38:01 p.m.	100 mg.

#### TENTH CAUSE FOR DISCIPLINE

##### **(Unprofessional Conduct - Gross Negligence)**

33. Respondent is subject to disciplinary action under section 2761(a) of the Code, on the grounds of unprofessional conduct, as defined by section 2761(a)(1) of the Code and section 1442 of the California Code of Regulations, in that between the approximate period of July 15, 1996 and August 5, 1996, while on duty as a registered nurse at Alta Bates Medical Center in Berkeley, California, Respondent repeatedly violated section 2762(e) of the Code, as set forth in paragraph 32, above.

#### DISCIPLINE CONSIDERATIONS

34. As relevant to penalty, it is further alleged that between the approximate period of September 1995 and August 1996, while on duty as a registered nurse at Alta Bates Medical Center, Respondent made false, grossly incorrect, grossly inconsistent, or unintelligible entries in almost eighty (80) additional patient records. An audit revealed that Respondent signed out controlled substances such as Demerol, Dilaudid, Morphine, Percocet, Vicodin, and Rectorial for patients when there was no physician's order, failed to document the administration of the drugs in the MAR, and failed to otherwise account for the disposition of the drugs. Moreover, the audit also revealed that on April 13, 1996 and April 14, 1996, Respondent signed out for Valium and Percocet for fictitious patients or for patients who were no longer admitted in the hospital.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License Number 495969, issued to Nancy E. Vanciel;

2. Ordering Nancy E. Vanciel to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to section 125.3 of the Code;

3. Taking such other and further action as deemed necessary and proper.

DATED: 6/11/02.



RUTH ANN TERRY, M.P.H., R.N.

Executive Officer

Board of Registered Nursing

Department of Consumer Affairs

State of California

Complainant